

● Page 2

August 16, 2000

James, we are looking forward to having you join Tyco Printed Circuit Group L.P. We firmly believe that your presence on our Finance team will have a significant positive impact, and that you will play a major role in helping the company achieve its ongoing, aggressive growth objectives.

Please contact my office if you have any questions.

Very truly yours

Leslie Locke  
Director, Human Resources  
Tyco Printed Circuit Group L.P.

Accepted by: \_\_\_\_\_  
James M. Plasse Date

ADDITIONAL  
EMPLOYMENT APPLICATION  
QUESTIONS

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Completion of the following questions is required as part of the application process.

If you require any special reasonable accommodation in completing this application, interviewing, completing any pre-employment testing or otherwise participating in the employee selection process, please advise us.

REFERRAL SOURCE:

- |   |   |
|---|---|
| <input type="checkbox"/> Advertisement    | <input type="checkbox"/> Relative                     |
| <input type="checkbox"/> Walk-in          | <input type="checkbox"/> Private employment agency    |
| <input type="checkbox"/> Employee         | <input type="checkbox"/> Government employment agency |
| <input checked="" type="checkbox"/> Other |   |

Name of source (if applicable) MonSter.Com

TYPE OF EMPLOYMENT DESIRED:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Full-time | <input type="checkbox"/> Temporary         |
| <input type="checkbox"/> Part-time            | <input type="checkbox"/> Educational Co-op |
| <input type="checkbox"/> Seasonal             |  |

SHIFT PREFERENCE:

- |   |
|---|
| <input checked="" type="checkbox"/> First |
| <input type="checkbox"/> Second           |
| <input type="checkbox"/> Third            |

This company is an Equal Opportunity Employer and does not discriminate because of race, religion, color, age, sex, national origin, physical or mental disability, Vietnam Era or disabled veteran status.

**Tyco**  
**Equal Employment Opportunity Data Form**  
**-Voluntary-**

**IMPORTANT** – To all Applicants: To enable us to meet government reporting regulations and maintain an Affirmative Action Plan, Tyco requests that you complete this personal data form. Information will be used solely for government reporting purposes and will be kept separate from your application. Any information you choose to provide will not be considered by Tyco for employment purposes and will be treated as personal and confidential. Your voluntary cooperation will be appreciated.

<b>Name:</b> JAMES M. PLASSE		
<b>Address:</b> 19 HILLARY LANE		
<b>City:</b> Westfield	<b>State:</b> MA	<b>Zip:</b> 01085
<b>Position desired:</b> CONTROLLER		

<b>Check One:</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnic Origin (Circle One)</b>	
1. Asian/Pacific Islander	4. Native American/Alaskan Native
2. Black	5. White
3. Hispanic	6. Other _____

<b>Referral Source (Circle One):</b>	
1. Monster.com	6. Government Agency
2. Tyco Career Connections	7. College Recruitment
3. Print Advertisement	8. Open House/Job Fair
4. Employee Referral	9. Internet Other
5. Employment Agency	10. Other _____

**Please return this form to the Human Resources Department.**

*Tyco is an Equal Opportunity Employer and does not discriminate because of Race, Religion, Color, Age, Gender, Marital Status, Sexual Orientation, National Origin, Physical or Mental Disability, or Vietnam Era or Disabled Veteran Status, or any other categories protected by law.*

**AGREEMENT  
BETWEEN EMPLOYEE AND TYCO PRINTED CIRCUIT GROUP L.P.  
REGARDING CONFIDENTIAL INFORMATION**

This agreement requires employees to keep confidential any company-related information they may acquire or become aware of through working at Tyco Printed Circuit Group L.P. (hereinafter referred to as "Company").

Confidential information includes, but is not limited to; trade secrets, processes, formulas, data, procedures, discoveries, developments, designs, improvements, inventions, techniques, marketing plans, strategies, forecasts, new products, unpublished financial statements, budgets, projections, licenses, prices, costs, customer and suppliers' lists, and customer information regarding sales.

Such confidential information has been created, discovered, or developed by, or has otherwise become known to TPCG L.P., or is information in which property rights have been assigned or otherwise conveyed to the Company.

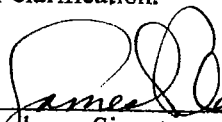
Employees shall not disclose or discuss confidential information with anyone outside the company without written permission from the Company's senior management. Under no circumstances are materials, documents or other information designated as confidential or restricted to be removed from the Company's premises without the prior written express permission of the Company.

A breach of confidentiality may result in disciplinary action, up to and including immediate termination.

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I have read and understand the Confidential Information Agreement. I further understand that if I have questions/comments regarding this Agreement that it is my responsibility to contact my supervisor/manager or Human Resources department for clarification.

JAMES PASSE  
Employee Name

  
Employee Signature

9-11-00  
Date

029-54-3984  
Employee Social Security Number

***ACKNOWLEDGMENT OF RECEIPT***

***STANDARDS OF CONDUCT BROCHURE***

I have received a copy of the Standards of Conduct brochure and understand that is my responsibility to read through the material.

Should I have any questions regarding this material, I will contact my supervisor or manager, or the Human Resources department.

JAMES PASSE  
Print Name

[Signature]  
Signature

9-11-00  
Date

## ***ACKNOWLEDGMENT OF RECEIPT***

### ***BENEFITS INFORMATION***

I have received copies of health, dental, life, and disability insurance plan booklets and understand that it is my responsibility to read through the material.

Should I have any questions regarding this material, I will contact Amy Duffany @ the Stafford Division ext. 225 in the Human Resources department.

James Plasse  
Print Name

[Signature]  
Signature

9-11-00  
Date



Printed Circuit Group

## VEHICLE REGISTRATION FORM

Please submit make, model, license plate number and state for identification purposes.  
Information will be kept in your employee file.

Thank you, in advance, for your cooperation on this matter.

Name: JAMES PASSE

### VEHICLE #1:

MAKE 1998

MODEL PLYMOUTH VOYAGER

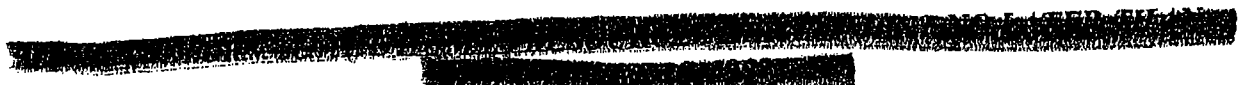
LICENSE PLATE NUMBER AND STATE 315 WMK

### VEHICLE #2:

MAKE \_\_\_\_\_

MODEL \_\_\_\_\_

LICENSE PLATE NUMBER AND STATE \_\_\_\_\_



Form A

EMPLOYEE CONSENT TO DRUG AND/OR ALCOHOL TESTING

I understand that submission to testing for the presence of drugs and/or alcohol is a condition of employment with the Company. I further understand that: (1) if I refuse to take the test(s); (2) if I refuse to authorize release of the test results to the Company; or (3) if the test(s) establish(es) a violation of the Company's policies concerning drug and alcohol use, disciplinary action up to and including discharge may result. I also understand that, under some state laws, I will forfeit my eligibility for medical and indemnity benefits under the Workers' Compensation Act if I am injured on the job and test positive.

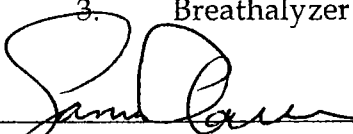
By placing my initials in the blanks below, and by signing and dating this form, I consent to take the test(s) and authorize release of any test results to the Company. I understand that should my test(s) results be confirmed positive, I will be subject to disciplinary action up to and including discharge.

By signing this form, I hereby release to the Company the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with the medical personnel/ physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administering the aforementioned test(s) or evaluating the results thereof.

I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Company officials.

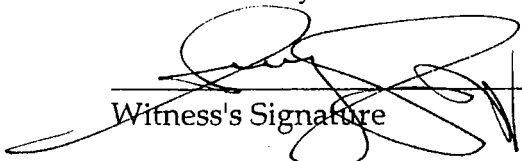
I agree to take the following test(s) and to have the results released to the Company:

- |                      |                      |
|----------------------|----------------------|
| 1. Blood test        | _____ (initials)     |
| 2. Urinalysis test   | <u>SD</u> (initials) |
| 3. Breathalyzer test | _____ (initials)     |

  
Employee's Signature (Tim Plasse)

9-14-00  
Date

029-54-3984  
Social Security No.

  
Witness's Signature

9/14/00  
Date





Printed Circuit Group Inc.  
Manchester Division

Hazard Communication Training Quiz

1. If a container label says "DANGER" its degree of hazard is only moderately severe. TRUE FALSE
2. An MSDS usually only lists the hazardous ingredients of a chemical product. TRUE FALSE
3. If repairs are being made to a piece of electrical equipment, it must be TAG/LOCK-OUT by the person doing the work before the job begins.
4. Sulfuric Acid is usually light green in color and has a pungent odor. TRUE FALSE
5. Shield must be worn to protect the eyes when transferring any chemical from a container to a tank.
6. If a cart is being used to move boards from one area to another, it is best to (push) (pull) it.
7. You should never interrupt busy co-workers to ask for assistance carrying heavy loads because it is very important to never slow down production. TRUE FALSE
8. Sulfuric Acid is very flammable. TRUE FALSE CORROSIVE
9. A drum with a yellow, diamond shaped label affixed to it contains a material that is corrosive. TRUE FALSE
10. If you need quick first-aid information about a chemical product, the best place to look is the MSDS.
11. At Tyco Printed Circuit Group, anyone with a valid driver's license can operate a forklift. TRUE FALSE
12. If you see an electrical box on fire, grab any nearby fire extinguisher and put it out. TRUE FALSE  
IF FOR ELECTRICAL FIRES
13. If you should notice a drum leaking its contents onto the floor, your first reaction should be to notify your supervisor. TRUE FALSE

14. Your supervisor can refuse to show you the MSDS for certain chemicals used in your department. TRUE FALSE
15. Peridot Chemicals, Inc. is located in Clifton, N.J. TRUE FALSE *Newark*
16. It is OK to smoke around chemicals, as long as you are certain that they are not flammable. TRUE FALSE
17. You are only responsible for your own safety when on the job. TRUE FALSE
18. The specific gravity of sulfuric acid is 1.834; therefore it is (heavier) (lighter) than water.
19. A poison label is black & white and has a picture of a SKULL/CROSS on it.
20. If your co-worker accidentally swallows a cup of sulfuric acid, you should induce vomiting immediately. TRUE FALSE
21. If you must dispose of a container of an unknown waste, find the nearest floor drain and pour it down. TRUE FALSE
22. A respirator outfitted with chlorine filter cartridges is OK to use in an area filled with ammonia gas, but only in emergencies. TRUE FALSE
23. The chemical formula for sulfuric acid is H<sub>2</sub>SO<sub>4</sub>. TRUE FALSE
24. The three potential routes of chemical entry into the human body are inhalation through the Nose, ingestion through the Mouth, and absorption through the Skin.
25. Tyco Printed Circuit Group is 100 % committed to providing a safe work environment for its employees.

I certify that I have been informed by my employer of the requirements of the OSHA Hazard Communication Standard, and of my right to be informed of the chemical hazards in my workplace. I have participated in a training program administered by my employer, which provided me with basic instruction on general industrial safety procedures. I have received training on safe handling of hazardous chemicals, how to read container labels, and how to read MSDS's. I am aware of my rights regarding MSDS access and I know that Tyco has MSDS's on file for each hazardous chemical on site. I have received training on proper lifting techniques and Tyco policy regarding material handling.

Employee signature [Signature] Date 9-20-00  
 Environmental Supervisor [Signature] Date 9

Name: James PlasseDate: 1-09-05**POST-TEST**

Please circle the following statements TRUE or FALSE.

1. It is appropriate for the supervisor, when receiving a sexual harassment complaint and believing that the alleged harasser is only being flirtatious, to advise the alleged recipient to personally resolve that situation.

TRUE

~~FALSE~~

2. A management person would not usually be personally legally liable for sexual harassment done by one of its employees to another, unless he or she knew about that behavior, it created a hostile work environment for the sexually harassed employee, and the management person allowed it to continue.

~~TRUE~~

FALSE

3. An alleged recipient who is complaining about unwelcome sexual behavior and is upset, says "that's sexual harassment isn't it?" It is appropriate for the supervisor to show his/her empathy by responding with, "It could be sexual harassment, but I need to do an investigation before making a final determination."

~~TRUE~~~~FALSE~~

4. If the alleged recipient is uncomfortable with verbally describing what allegedly happened to her/him, the supervisor can suggest that she/he write down what happened.

~~TRUE~~

FALSE

5. It is important for the supervisor to ask the alleged recipient, "Is there anything else that happened that you have not talked with me about?" before ending the interview.

~~TRUE~~

FALSE

6. The supervisor is dealing appropriately with a sexual harassment complaint when she/he tells an alleged recipient who wants to personally resolve the alleged sexual harassment, "Get back to me if what you do doesn't resolve your situation."

TRUE

~~FALSE~~

7. If an alleged recipient insists that the supervisor do nothing about his/her alleged sexual harassment situation, it is appropriate for the supervisor to ask him/her, "Why do you not want me to do anything?"

~~TRUE~~~~FALSE~~

8. If the alleged recipient of sexual harassment insists that nothing be done, it is appropriate to make the following commitment to that employee: "At this time I will not take any action about this situation except to talk with my resource person. Either I, the resource person, or both of us will talk with you before the alleged harasser."

TRUE

FALSE

9. Many of the reasons that management personnel have for not taking or hesitating to take action to deal with sexual harassment situations are similar to the reasons given by alleged recipients for not complaining.

TRUE

~~FALSE~~

10. The alleged harasser has a right to know the name of the person(s) that he/she allegedly sexually harassed, when initially told the allegations.

TRUE

FALSE

11. If the alleged harasser acknowledges the behavior and wants to apologize to the recipient, the harasser should not be allowed to do that unless the recipient specifically requested that as a part of the resolution.

TRUE

FALSE

12. Most women like men to look them slowly up and down and take that behavior as a compliment.

TRUE

FALSE

13. A supervisor knows that an employee is subtly sexually harassing another employee. The reason the supervisor does not take action to stop that behavior is to give the harasser time to personally recognize and stop that harassment. The supervisor who uses this approach to stop subtle sexual harassment is usually doing the harasser a favor.

TRUE

FALSE

Answers to the Post-Test are on page 40.

Name: JAMES P. PASSEDate: 1-9-01

## POST-TEST

Match the following terms with their definitions:

### TERMS

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> A. Quid Pro Quo             | <input checked="" type="checkbox"/> F. Sex-Based Harassment          |
| <input checked="" type="checkbox"/> B. Subtle Sexual Harassment | <input checked="" type="checkbox"/> G. Sexual Harassment             |
| <input checked="" type="checkbox"/> C. Sexism                   | <input checked="" type="checkbox"/> H. Third Party Sexual Harassment |
| <input checked="" type="checkbox"/> D. Sex Discrimination       | <input checked="" type="checkbox"/> I. Reasonable Woman              |
| <input checked="" type="checkbox"/> E. Hostile Work Environment |  |

### DEFINITIONS

1. G Unwelcome behavior of a sexual nature.
2. F Behavior that denigrates or ridicules a person because of his/her sex.
3. B Unwelcome behavior of a sexual nature that, if allowed to continue, could create a hostile work environment.
4. E Unwelcome sexual behavior that creates an offensive and intimidating work environment which adversely impacts an employee's ability to do his/her job.
5. H Unwelcome sexual behavior that is not directed at an employee but occurs when that employee is around.
6. A Conditioning employment or employment decisions upon an employee's acceptance or rejection of unwelcome sexual behavior.
7. I An additional standard used to evaluate the impact of sexual harassment to determine when unwelcome sexual/sex based behavior creates a hostile work environment.
8. C A belief that one sex is superior to another and that there are traditional men's and women's jobs and roles.
9. D Employment decisions that are based upon an employee's sex instead of on his/her job-related work experience, performance, or qualifications.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please circle the following statements TRUE or FALSE.

10. Subtle sexual harassment is a legal term.

☒ TRUE

☐ FALSE

11. The "reasonable woman" standard used to determine what is a hostile work environment acknowledges that men and women often perceive the potential threat of situations or interactions differently.

☒ TRUE

☐ FALSE

12. Most employees don't like being hugged, told sexual jokes, or subjected to sexual comments from people of their sexual preference with whom they have only a typical work relationship.

☒ TRUE

☐ FALSE

The answers to the Post-Test are on page 40

Name: JAMES PASSE

Date: 1-9-01

## Pre-Test

Please circle the following statements True or False.

1. When a supervisor initially receives a sexual harassment complaint, it is appropriate for him/her to explain to the alleged recipient why the alleged harasser may have done the alleged behavior.

~~TRUE~~

~~FALSE~~

2. Management personnel are not usually personally and financially liable for sexual harassment done by their employees unless they behave similarly.

TRUE

~~FALSE~~

3. If the alleged recipient tells you that the alleged harasser "touched her on the back," that is a clear description of what allegedly happened.

TRUE

~~FALSE~~

4. When interviewing the alleged recipient of sexual harassment, it is important to avoid asking questions that begin with the following words: is, isn't, do, don't, did, didn't, could, couldn't, and maybe.

~~TRUE~~

~~FALSE~~

5. If he/she wants to, it is usually appropriate for the alleged recipient of quid pro quo sexual harassment to personally resolve that situation.

~~TRUE~~

~~FALSE~~

6. An alleged recipient requests that the supervisor do nothing about her/his sexual harassment complaint and is willing to sign a waiver that insists that the supervisor do nothing. As long as the supervisor documents that meeting and monitors the workplace, it is appropriate for the supervisor to not take any other actions at that time.

TRUE

~~FALSE~~

Name: \_\_\_\_\_ Date: \_\_\_\_\_

7. It is appropriate for a management person who initially receives a sexual harassment complaint to determine the seriousness of that situation and to determine what is the best way to resolve it.

☒ TRUE

☐ FALSE

8. Most recipients of sexual harassment never contact their employer's resource department/person to talk about what happened to them.

☒ TRUE

☐ FALSE

9. A direct sales manager hears rumors that a sales manager sexually harasses his new female agents. None of the agents have complained to the district manager about this sales manager. To avoid hurting the sales manager's reputation, the district manager should monitor the situation but not take action to have it investigated.

☐ TRUE

☒ FALSE

10. A supervisor sees an interaction between three of her employees. Two male employees stop their conversation as a female co-worker walks by and they look her up and down. The women did not acknowledge the men in any way though she did see them. The supervisor should not say anything to those men because the women did not complain to her about the men's behavior.

☐ TRUE

☒ FALSE

11. A workplace's culture includes half of the employees passing around copied and faxed sexual cartoons and pictures. Unless one or more employees complains, the supervisor should not interfere with that type of behavior.

☐ TRUE

☒ FALSE



Name: JAMES PASSEDate: 1-9-01**PRE-TEST**

Please circle the following statements TRUE or FALSE.

1. A professor who illustrates the teaching topic by using sexual innuendoes about women or men is using a creative teaching method, not sexually harassing female or male students.

TRUE

FALSE

2. Sexism is a belief that women in a coed workplace should clean up after an office birthday party because that is women's work.

TRUE~~FALSE~~

3. A male employee gives a female co-worker's comments a sexual meaning during an after work hours office party. His behavior is not sexual harassment because that behavior occurred after work hours.

TRUE

FALSE

4. Because it is an employee's personality to touch men when she talks with them, her behavior would not be sexual harassment.

TRUE

FALSE ✓

5. Two males stop their conversation and look a female co-worker up and down as she walks by. That would not be sexual harassment unless the woman knew what the men were doing.

TRUE

FALSE

6. A man is accused of sexually harassing a woman. He argues that the woman was dressed provocatively. Because the woman was wearing provocative clothing, his behavior is not sexual harassment.

TRUE

FALSE

Name: \_\_\_\_\_

Date: \_\_\_\_\_

7. To avoid sexually harassing behavior, it is better to not compliment co-workers or subordinates about how they look.

TRUE

FALSE

8. A male and female co-worker have had an intimate relationship. He stops the relationship. If the female tries to continue that relationship by giving him presents and calling him at work, that is not sexual harassment.

TRUE

FALSE

9. Often in subtle sexual harassment situations, the recipient still wants to maintain a friendly work relationship with the harasser.

TRUE ✓

FALSE

10. If Jane does not equally initiate nor participate in making sexual comments to John, a co-worker who subjects her to that behavior, John's behavior is subtle sexual harassment.

TRUE

FALSE

Answers to Pre-Test are on page 7

## Sexual Harassment Training Sign-in Sheet

[illegible]

**U.S. Department of Justice**  
Immigration and Naturalization Service

OMB No. 1115-0136

**Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **NOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins

Print Name: Last <u>PLASSE</u>	First <u>JAMES</u>	Middle Initial <u>M</u>	Maiden Name
Address (Street Name and Number) <u>19 HILLARY LANE</u>		Apt. #	Date of Birth (month/day/year) <u>7-24-62</u>
City <u>WESTFIELD</u>	State <u>MA</u>	Zip Code <u>01085</u>	Social Security # <u>029-54-3984</u>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☒ A citizen or national of the United States

☐ A Lawful Permanent Resident (Alien # A \_\_\_\_\_)

☐ An alien authorized to work until \_\_\_\_/\_\_\_\_/\_\_\_\_ (Alien # or Admission # \_\_\_\_\_)

Employee's Signature [Signature] Date (month/day/year) 9-11-00

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address (Street Name and Number, City, State, Zip Code) \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: <u>U.S. Passport</u>		<u>Massachusetts</u>		
Issuing authority: <u>U.S. of A</u>		<u>Drivers license</u>		
Document #: <u>202079126</u>		<u>*571342968</u>		
Expiration Date (if any): <u>3/9/10</u>		<u>7/24/05</u>		<u>___/___/___</u>
Document #: _____				
Expiration Date (if any): <u>___/___/___</u>				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 9/11/00 and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative <u>[Signature]</u>	Print Name <u>Angel Dionin</u>	Title <u>HR Assistant</u>
Business or Organization Name <u>Tyco Electronics</u>	Address (Street Name and Number, City, State, Zip Code) <u>40 Old Mansson Rd Stafford, CT 06075</u>	Date (month/day/year) <u>9-11-00</u>

**Section 3. Updating and Reverification.** To be completed and signed by employer

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------